

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		APPROPRIATE AMOUNT		APPROPRIATE AMOUNT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
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TOTAL IND.	2					
TOTAL DEP.	4					
TOTAL CLAIMS	6					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						